| -01 | 3:55PM; | Pa |
|-----|---------|----|
| | | |

Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. DM8 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | |
|------------------------|---|
| Filing Date | |
| First Named Inventor | HERPST, ROBERT |
| Title | HERPST, ROBERT DISPOSABLE WINDLE CARDE FOR SPETTESSOFIC ETC |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

| I hereby appoint: | | | | |
|--|---|--|--|--|
| | s at Customer Number 26009 | Place Customer Number Bar Code Label here | | |
| | s) named below: | | | |
| | Name | Registration Number | | |
| | | | | |
| | | | | |
| | | | | |
| <u> </u> | | | | |
| as my/our attorney(| (s) or agent(s) to prosecute the application id | entified above, and to transact all | | |
| business In the Uni | ited States Patent and Trademark Office con | nected therewith. | | |
| Please change the correspondence address for the above-identified application to: | | | | |
| The above-mentioned Customer Number. | | | | |
| Number Bar Code | | | | |
| OR | | Label here | | |
| Firm or | | | | |
| Individual Name | | | | |
| Address | | | | |
| Address City | | State Zip | | |
| Country | | • | | |
| Telephone | | Fax | | |
| I am the: | | | | |
| Applicant/In | ventor. | | | |
| | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | |
| | | | | |
| Name Core D. Heave | | | | |
| Signature / Shapersyll | | | | |
| Date | 10-12-01 | or their representative(s) are required. Submit multiple | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below." | | | | |
| ☐ Total of | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.